

COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN NURSING

FACULTY VACANCIES AMONG BOARD-APPROVED
NURSING EDUCATION PROGRAMS IN MASSACHUSETTS
2003-2004 through 2005-2006

Spring 2004 Survey

Introduction

Nursing program administrators nationwide continue to report increases in faculty vacancies and growing difficulties in recruiting qualified faculty, particularly those with specific clinical expertise, to meet program expansion needs (American Association of Colleges of Nursing [AACN], 2003; California Strategic Planning Committee for Nursing, 2001; Council on College Education for Nursing, 2002; National League for Nursing, 2002). Nursing program administrators in Massachusetts cite similar concerns, noting that increasing retirements due to an aging faculty workforce coupled with early retirement incentives available to faculty at publicly funded institutions account for many of these vacancies.

Nursing faculty shortages are also widely attributed to a reduction in the number of graduates from masters and doctoral programs, as well as clinical employment settings attracting current and potential nurse educators with higher compensation packages than those offered by academic institutions (AACN, 2003). Findings from the 2002 faculty vacancy study conducted by the Massachusetts Board of Registration in Nursing (Board) identified these factors as contributing to vacancies among Massachusetts basic nursing education programs (Massachusetts Board of Registration in Nursing, 2002). The Board surveyed nursing education program administrators in early March 2004 to collect and analyze data to describe nursing faculty vacancies among the 58 Board-approved nursing education programs for academic years 2003-2004 through 2005-2006.

Methodology

Adapting the 2002 faculty vacancy survey tool, a four-page, 16-item questionnaire was designed to gather data about each program's budgeted full time equivalent (FTE) nursing faculty positions (filled and vacant). To insure consistency, respondents used the Interagency Conference on Nursing Statistics formula to calculate faculty FTEs (Interagency Conference on Nursing Statistics, 1997). Several new questions were added to the 2004 survey tool related to faculty recruitment, salary, the impact of faculty vacancies on program operation, actual and preferred strategies to address faculty vacancies, and the use of 244 CMR 6.04(2)(b) 3 waivers by RN programs. Content validity of the survey tool was reviewed by two of the nurse educator members of the Board and two senior staff members.

The survey was mailed to all nurse administrators (N=58) on March 1, 2004. A reminder was distributed by e-mail on March 23, 2004 to non-respondents.

Data are reported by program type (Registered Nurse and Practical Nurse). Although data are not reported as such (except when identified), it can also be sorted by RN degree type (hospital based diploma and associate degree, and baccalaureate and higher degree) and by publicly funded institutions. While respondents could select more than one answer to many of the questions, it should be noted that not all respondents answered every survey question; percentages are based on the actual number of respondents to each question.

Results

Number and type of institution offering Board-approved nursing education program

A total of 48 nurse administrators (83%) responded to the survey by mid-April: 17 of 21 (81%) Practical Nurse programs and 31 of 37 (84%) Registered Nurse programs, including 17 of 21 (81%) hospital-based diploma and associate degree programs, and 14 of 16 (88%) baccalaureate and higher degree programs. Thirty-seven respondents categorized the type of institution offering the nursing education program as “public” (77%). The number and type of institutions responding to the survey are shown in Table 1.

Table 1. Number of survey respondents

	# BRN-approved institutions	# Survey respondents	% BRN-approved institutions	# Publicly funded survey respondents	% Publicly funded respondents
Practical Nurse (PN)	21	17	81%	17	100%
Diploma/Associate degree	21	17	81%	13	76%
Baccalaureate and higher degree	16	14	88%	7	50%
Total Registered Nurse (RN)	37	31	84%	20	65%
Total PN and RN	58	48	83%	37	77%

Current and anticipated nursing faculty FTEs and FTE vacancies

The number of budgeted FTEs for academic year 2003-2004 was calculated by combining the number of budgeted filled and budgeted vacant faculty FTEs. A total of 495.89 total budgeted FTEs were reported by RN programs for academic year 2003-2004, an overall decline from 509.5 in academic year 2001-2002. However, among diploma and associate degree respondents, the number of budgeted FTEs *increased* from 200.2 in academic year 2001-2002 to 227.94 in academic year 2003-2004.

The total number of FTE RN faculty vacancies reported for academic year 2003-2004 is 26.41, compared to 17.1 during academic year 2001-2002. Twenty RN program respondents (65%) reported having no faculty vacancies for academic year 2003-2004. However, this number is expected to decline by approximately two-thirds by academic year 2005-2006, reflecting an increase in the number of programs reporting vacancies.

PN program respondents reported a total of 73.7 budgeted FTEs, a decline from 105.5 in academic year 2001-2002. Among Practical Nurse programs, there were 5.2 FTE vacancies for academic year 2003-2004. Current and projected FTE data for Registered Nurse and Practical Nurse programs are summarized in Table 2.

Table 2. Actual and projected budgeted nursing faculty FTEs

Program Type	2003-2004			2004-2005		2005-2006	
	Total budgeted FTEs	Total vacant FTEs	Vacancy % of total	Projected # vacant FTEs	Vacancy % of 03-04 total	Projected # vacant FTEs	Vacancy % of 03-04 total
Practical Nurse	73.7	5.2	7%	10	14%	9.5	13%
Diploma/Associate Degree RN	227.94	5.06	2%	22.42	10%	18.75	8%
Baccalaureate and Higher Degree RN	267.95	21.35	8%	33	12%	23	9%
Total Registered Nurse	495.89	26.41	5%	55.42	11%	41.75	8%

Current and anticipated nursing student enrollment

Increased student enrollments is projected among RN and PN programs through academic year 2005-2006. Projected student enrollment data are shown in Table 3.

Table 3. Actual and projected nursing student enrollments

Practical Nurse Programs			Diploma/Associate Degree RN Programs			Baccalaureate and Higher Degree RN Programs			All Registered Nurse Programs		
03-04	04-05	05-06	03-04	04-05	05-06	03-04	04-05	05-06	03-04	04-05	05-06
790	878	876	2642	2950	2984	2914	3480	3724	5556	6430	6709

Factors contributing to nursing faculty vacancies

Retirement was rated as the factor most frequently contributing to pending RN and PN faculty vacancies, according to 21 (44%) survey respondents. This finding is consistent with the 2002 study data. Among RN programs, other significant factors include program expansion or change and faculty returning to clinical practice. Other significant factors identified by PN program respondents include faculty moving to other nursing education programs or returning to clinical practice.

Factors impacting recruitment of qualified¹ nursing faculty

Salary range was rated by 21 RN program respondents (68%) overall as having the most significant impact on a program's ability to recruit qualified faculty followed by competition with clinical employment settings and other academic institutions. By RN degree type, competition with other academic institutions and clinical settings had the most significant impact on recruitment efforts among baccalaureate and higher degree programs. In the 2002 study, both RN and PN program respondents identified salary as having the most significant impact on faculty recruitment. However, among Practical Nurse programs, a shortage of qualified applicants within the program's geographic area was the factor currently cited as most significantly impacting the PN program's ability to recruit qualified faculty followed by salary and competition with other academic employers.

Successful nursing faculty recruitment methods

Networking and "word-of-mouth" were cited by the majority of RN and PN program respondents as the most successful methods for recruiting qualified faculty.

FTE, and laboratory and clinical faculty vacancies filled in last twelve months

Among RN programs, a total of 53.38 FTE vacancies were filled by qualified faculty in the last 12 months, including 28.13 FTE vacancies at hospital-based and associate degree programs, and 25.25 at baccalaureate and higher degree programs. The average number of filled vacancies per responding RN program was 2.1, ranging between 0 and 6. Among PN programs, a total of 22.3 FTE vacancies were filled in the last 12 months, with an average per program of 1.3 (0 to 4).

A total of 121.23 vacant laboratory or clinical RN program positions were filled in the last 12 months by qualified faculty, including 57.63 at hospital-based and associate degree programs, and 63.6 at

¹ 244 CMR 6.04(2)(b) faculty qualifications: current Massachusetts RN licensure in good standing; a minimum of two years full-time nursing experience, or its equivalent in the last five years; a minimum of a master's or doctoral degree in nursing for appointment to the faculty of an RN program, or a minimum of a baccalaureate degree in nursing for appointment to the faculty of a Practical Nurse program; and clinical competence in area of instruction.

baccalaureate and higher degree programs. The average number per responding program was 5.1, ranging between 0 and 15 at diploma and associate degree programs, and 0 and 34 at baccalaureate and higher degree programs. A total of 18.3 vacant laboratory or clinical PN program positions were filled in the last 12 months by qualified faculty, an average of 1.1 per program.

Nursing faculty salaries

All RN and PN program respondents reported full-time faculty positions were classified as “salaried”, with one exception: one associate degree program reported its full-time faculty positions were on an hourly basis. While responding to questions regarding salary classification, some respondents did not provide specific salary information. Salaries for part-time faculty were reported in a variety of ways making comparisons difficult. Faculty salary data for full-time salaried employees is shown in Tables 4a and 4b.

Table 4a. Full-time salaried nursing faculty positions among all survey respondents

	Average salary	Average salary range	
		Average starting	Average maximum
Practical Nurse programs	\$47,226 (N=11) (\$34,000 to \$61,487)	\$40,846 (N=15) (\$30,000 to \$61,300)	\$53,547 (N=15) (\$38,000 to \$66,442)
Diploma/Associate degree RN programs (N=14)	\$42,627 (\$35,000 to \$52,968)	\$36,655 (\$23,000 to \$46,175)	\$51,159 (\$40,000 to \$63,805)
Baccalaureate/Higher degree RN programs (N=11)	\$50,449 (\$30,000 to \$65,000)	\$41,173 (\$27,000 to \$55,000)	\$61,947 (\$35,000 to \$81,779)

Table 4b. Full-time salaried nursing faculty positions among publicly funded survey respondents

	Average salary	Average salary range	
		Average starting	Average maximum
Diploma/Associate degree RN programs (N=13)	\$42,650 (\$37,500 to \$52,968)	\$37,167 (\$23,000 to \$46,175)	\$52,017 (\$40,400 to \$63,805)
Baccalaureate/Higher degree RN programs (N=5)	\$53,201 (\$35,000 to \$65,000)	\$40,880 (\$27,000 to \$53,190)	\$69,816 (\$50,000 to \$81,779)

Clinical faculty specialties that are difficult to recruit

Almost three-quarters of all RN program respondents identified pediatric nursing followed by obstetrical nursing as the most difficult clinical specialties to recruit qualified faculty to teach. Among PN program respondents, obstetrical nursing followed by pediatric nursing were identified as the most difficult clinical specialties to recruit qualified faculty to teach. Medical-surgical nursing ranked third among RN and PN programs.

Impact of nursing faculty vacancies on program in last 12 months

The majority (68%) of RN program respondents indicated faculty vacancies in the last 12 months resulted in an increase in the instructor to student ratio in both the classroom and the skills laboratory. Eight RN program respondents also indicated recent faculty vacancies prevented the program from increasing its admissions as projected. Two RN program respondents reported they were unable to offer clinical learning experiences concurrent with theory.

An increase in the clinical instructor to student ratio to 1:10 was an outcome of faculty vacancies in the last 12 months among a majority of PN program respondents followed by increased instructor to student ratios in both the classroom and skills laboratory. One PN program was unable to offer clinical concurrent with theory.

Strategies implemented by program in last 12 months to address nursing faculty vacancies

Joint appointments with clinical agency affiliates followed by faculty work load redesign were cited most often by RN program respondents overall as strategies which had been implemented by the program in the last 12 months to address faculty vacancies. By RN degree type, diploma and associate degree programs reported using joint appointments most often while faculty workload redesign was used most often by baccalaureate and higher degree programs. Among PN program respondents, faculty work load redesign was the strategy most commonly used to address recent faculty vacancies followed by joint appointments with affiliating clinical agencies.

Preferred strategies to address nursing faculty vacancies and assure preparation of graduates for safe, competent, entry-level practice

The availability of a competitive salary and benefit package to offer faculty applicants was cited by 34 RN and PN program respondents as the preferred strategy to address faculty vacancies and to assure the preparation of graduates for safe, competent, entry-level practice. The ability to appoint an otherwise qualified clinical or skills laboratory instructor with a bachelor's degree in nursing under the supervision of an instructor with a graduate nursing degree ranked second overall among RN programs. This strategy, supported by 41% of all PN program respondents, would require a revision to the Board's 244 CMR 6.0492(b) 3 waiver policy. By RN degree type, financial incentives for graduate nursing education was ranked second by baccalaureate and higher degree programs. Only 6 out of 31 respondents *preferred* joint appointments with clinical agency affiliates as a means to address faculty vacancies and to assure the preparation of graduates for competent practice.

When asked specifically whether a revision to the Board's 244 CMR 6.0492(b) 3 waiver policy was a preferred strategy, only 4 (13%) RN programs agreed, recommending the Board revise the waiver policy to include full-time faculty appointments (2); or to permit the appointment of an otherwise qualified instructor who possesses a related, non-nursing graduate or doctoral degree and certification as a nurse midwife (1). One respondent citing revision of the waiver policy as a preferred strategy did not provide a recommendation for policy revision.

Use of 244 CMR 6.04(2)(b) 3 waiver in the last 12 months (applicable to RN programs only)

Eighteen RN program respondents (49%) reported appointing at least one clinical or skills laboratory instructors with faculty for whom the Board had granted a 244 CMR 6.04(2)(b) 3 waiver. Had the waiver policy not been available, survey respondents identified an increased number of students in the skills laboratory followed by the inability to increase student admissions as projected and an increase in instructor-student ratios in clinical as potential outcomes.

Nursing program respondent comments

Respondents were provided an opportunity at the conclusion of the survey to submit written comments. Three themes emerged: non-competitive salary available to offer applicants; workload issues (e.g. "faculty workload is demanding"; "orientation of new faculty is time consuming"); and shortage of qualified faculty (e.g. "Board waiver of 244 CMR 6.04(2)(b) 3 is helpful"; "full-time faculty needed"). Themes from the 2002 study included: lack of educator preparation among faculty applicants; shortage of qualified faculty ("part-time instructors are difficult to locate to teach clinical or for coverage"); and workload compensation. Respondent comments are included in Appendix 1.

Discussion

Despite increasing numbers of applicants (Massachusetts Board of Registration in Nursing, 2004), the majority of Board-approved nursing education programs operated with fewer budgeted FTEs and more FTE vacancies in 2004 compared to 2002 (although among diploma and associate degree respondents, an increase in the number of budgeted FTEs was noted). More than 20% of Massachusetts basic nursing education programs were unable to increase admissions as projected due to faculty vacancies. In addition, FTE vacancies at both RN and PN programs are expected to increase over the next two years as continued growth in student enrollments is anticipated.

Based on student enrollment projections, an estimated 671 to 1118 clinical nurse educators will be needed at RN programs statewide during academic year 2005-2006. Among PN programs, between 88 and 146 clinical nurse educators will also be needed. Since all RN and PN programs did not respond to the 2004 survey, the actual number of clinical instructors needed in academic year 2005-2006 will be higher.

Table 5 Number of Qualified 2005-2006 Clinical Faculty Needed to Maintain Specific Instructor/Student Ratio Based on Projected Student Enrollment

Practical Nurse Programs			Diploma/Associate Degree RN Programs			Baccalaureate and Higher Degree RN Programs			All Registered Nurse Programs		
<i>1:10</i>	<i>1:8</i>	<i>1:6</i>	<i>1:10</i>	<i>1:8</i>	<i>1:6</i>	<i>1:10</i>	<i>1:8</i>	<i>1:6</i>	<i>1:10</i>	<i>1:8</i>	<i>1:6</i>
87.6	109.5	146	298.4	373	497.3	372.4	465.5	620.7	670.8	838.5	1118

However, the supply of qualified nurse educators is of concern due to retirements among an aging nursing faculty workforce, RNs entering the workforce later, a competitive health care market, and declining enrollments among graduate nursing programs – trends reflected among nursing programs nationwide. Publicly funded entry-level nursing education programs will likely be impacted most significantly.

Federal projections estimate the current shortage of RNs in Massachusetts will increase from 11% in 2000 to 21% in 2015 (U.S. Department of Health and Human Services [DHHS], 2002). Based on trends in the supply of RNs and the projected demand for their services due to an aging population and factors related to health care financing, the RN shortage is expected to grow in Massachusetts to 29.4% by 2020, comparable to the national rate (DHHS, 2002). Based on these projections, fewer RNs may result in fewer nurse educators to meet future program needs.

The Massachusetts Colleagues in Caring Collaborative (CICC), in its 2001 survey of Massachusetts nurse licensees (Massachusetts Colleagues in Caring Collaborative, 2001), noted 13.2% of Massachusetts Registered Nurses hold graduate nursing degrees. However, the mean and median age of the primarily female Registered Nurse population is 45.7 and 47 years, respectively, and the majority plan to retire in their mid-60s. Most Registered Nurses do not plan to seek additional nursing education in the next two years. In addition, the age at which new Registered Nurses enter practice has significantly increased in the last several years, according to the CICC study. As a result, a decline in the future cadre of qualified, experienced nurse educators can be expected.

The CICC survey findings also indicate an employment rate currently of 87% among Massachusetts Registered Nurses, half of whom are employed full-time while 35% are employed on a part-time basis. 7% hold multiple positions. These data - the only data currently available to describe Massachusetts licensed nurses - further suggest faculty recruitment difficulties.

Interestingly, participants in the Board's 2002 study projected 44 2003-2004 FTE vacancies among RN programs. The actual number of FTE vacancies, according to the 2004 study, is 26. While a reduction in budgeted FTEs at state institutions most likely contributed to fewer FTE vacancies among RN programs in 2003-2004, implementation of the Board's 244 CMR 6.04(2)(b) 3 waiver criteria in November 2002 may have also played a part.

According to Prescott, vacancy rates are often used to indicate demand. A *sustained* vacancy rate of greater than 5% to 6% depicts a labor shortage (Prescott, 2000). The Board's 2002 and 2004 faculty vacancy surveys are simply snapshots and do not provide the long-term data necessary for nurse educator workforce analysis and broad policy development to assure an on-going supply of graduates prepared for safe, competent nursing practice. Based on data from these studies, however, actual and projected vacancy rates for both RN and PN programs can be calculated for a three-year period:

Table 6. Actual and projected nursing faculty vacancy rates

	2001-2002 (actual)	2003-2004 (actual)	2005-2006 (projected)
Registered Nurse	3%	5%	8%
Practical Nurse	19%	7%	13%

Competition with clinical settings is a barrier to recruiting qualified nursing faculty, particularly among associate degree nursing programs, since salary plays a prominent role in employment decisions. For example, according to findings of the 2003 National Salary Survey of Nurse Practitioners published by ADVANCE for Nurse Practitioners, the *average* salary for nurse practitioners in Massachusetts is \$73,592 (a graduate nursing degree has been required since the early 1990's).

Unpublished data from a March 2004 review of hourly salary rates at 4 randomly selected hospitals (2 in western Massachusetts and 2 in Boston) under collective bargaining agreements with the Massachusetts Nurses Association (MNA) highlight regional differences in academic and clinical nursing practice. Annualized salary ranges for facilities located in western Massachusetts and Boston are summarized below (D. McCabe, MNA, personal communication with C. Silveira, BRN, May 3, 2004).

Table 7. Annualized salary ranges of randomly selected acute care facilities with Massachusetts Nurses Association collective bargaining agreements

	Western Massachusetts		Boston	
RN Positions	Hospital 1	Hospital 2	Hospital 1	Hospital 2
Staff Nurse	\$40,560-\$56,784	\$47,174-\$67,308	\$50,960-\$71,926	\$47,465-\$98,529
Staff Educator	\$43,680-\$62,400	\$55,120-\$84,156	\$59,737-\$83,200	\$77,043-\$108,368
Clinical Nurse Specialist	\$52,000-\$73,361	\$55,120-\$84,156	\$62,171-\$87,443	\$81,078-\$114,150

The results of the Board's Spring 2004 Nursing Faculty Vacancy study provide important data for policy development to assure an on-going sufficient supply of graduates prepared for safe, competent, entry-level nursing practice. Legislators, regulators, higher education administrators, collective bargaining units, nursing program faculty and health care providers statewide are key stakeholders in the long-term collection and analysis of such data.

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APPENDIX 1

FACULTY VACANCIES AMONG BOARD-APPROVED NURSING EDUCATION PROGRAMS IN MASSACHUSETTS 2003-2004 through 2005-2006

Survey Respondent Comments

Practical Nurse Programs

PN-1:

Mandated DOE vocational certification impacts ability to recruit qualified faculty. Program has hired one contract clinical instructor for past 3 years.

PN-3:

No vacancies in Practical Nurse program.

PN-4:

“Too demanding” rated as factor most frequently contributing to pending faculty vacancies.

PN-5:

Allow interim non-BSN for lab/clinical instruction with increased experience requirement.

PN-7:

Have been able to fill Practical Nurse program positions, some at last minute.

PN-9:

Recommend BRN review Education Policy 02-02 for clinical instruction only. Have added payment for class/clinical preparation. Faculty vacancies in last 12 months had impact on consistency in student/staff contact.

PN-10:

No significant vacancies in Practical Nurse program.

PN-11:

Posting vacant positions on college web site has also been a successful recruitment tool. Hired non-masters prepared instructor for clinical; historically, have hired masters prepared for Practical Nurse program clinical.

PN-12:

Unable to readmit students in January to complete Practical Nurse program due to faculty vacancies in last 12 months.

PN-14 and AD-15:

Used graduate student internships to recruit qualified faculty. Added four hours pay each week for care plan correction. Recommend BRN Education Policy 02-02 be revised to include part-time clinical instructor who holds a BSN and has 5 years concurrent experience with full-time MSN prepared mentor. Rationale: many BSN nurses remain at the bedside and can offer students a clinical experience based on

the realities of current practice while nurses with MSNs practice in positions that do not require them to administer care at the bedside resulting in more observational clinical experiences or limited in scope. The inequities in faculty vs new graduate salaries are a major frustration in the recruitment and retention of qualified faculty. It is difficult to retain faculty members who possess 20 or more years of nursing and faculty experience whose annual salaries are \$15,000 - \$20,000 less than a new graduate with an Associate Degree. The nurses who are employed in health care settings earn every dollar they make. Faculty salaries reflect the same.

PN-15:

No vacancies in Practical Nurse program in last 12 months. Many faculty applicants are not attracted to Practical Nurse education due to status and also need to work in summers.

PN-16:

No vacancies in Practical Nurse program in last 12 months.

Diploma/Associate Degree Programs

AD-2:

Have difficulty recruiting faculty for psychiatric/mental health; double teaching nursing courses so full-time faculty on overload. Need more full-time faculty and institution will not allow. Added evening/weekend clinicals because of increase number of students. Recommend statewide initiative to calculate clinical teaching as 1:1 instead of 2:1.

AD-3:

Two of four new hires are recent retirees who returned to work part-time for clinical only. Berkshire Medical Center is paying \$15,000 for 2 employees to get Masters degree in nursing. They will have release time to work for BCC over the course of the next year. It is becoming more difficult to recruit qualified faculty at a starting salary of \$34K when those I called make up to \$60K. In the Berkshires, Masters prepared faculty who wish to teach are few and far between. We have been able to recruit retired faculty who took early retirement incentive back to clinical but it won't last long. This is a dire situation.

AD-4:

No vacancies in Diploma/Associate Degree program in last 12 months.

AD-5:

Posting faculty openings on web site also a successful method of recruiting.

AD-8:

Colleges need to re-introduce nursing faculty development programs.

AD-8:

Faculty difficulty to recruit for advanced med/surg and critical care. No vacancies in Diploma/Associate Degree program in last 12 months.

AD-10: Orientation and mentoring of new faculty takes time.

AD-11:

Recommend pro-rated benefits for part-time faculty. Evening/weekend classes added in response to program expansion, not due to vacancies.

AD-16:

As long as practice settings offer 2 to 3 times what I am able to pay instructors due to restrictions from state (union) contract, I will not get faculty. Health care institutions need to release staff. I need full-time faculty and with state budget crisis, this is not likely to occur.

AD-17:

The most qualified do not accept or seek faculty positions due to rate of pay. Those who do, accept faculty positions as a “second” or “third” position. This is a problem due to exhaustion and balance. Programs offering joint appointments with excellent rate of pay are viable option.

Baccalaureate and higher degree Programs

BS-1:

Faculty numbers are not based on FTEs. Faculty vacancies in the last 12 months have impacted orienting new faculty to curriculum expectations. I have a problem with getting a new full-time position filled. A graduate of our program who went on for a masters in business administration with years of health facility administration applied for a teaching position but was denied a waiver. I believe that she would have been qualified to teach in this program.

BS-2:

RN to BSN population impacts faculty vacancies.

BS-3:

Additional FTEs requested for 04-05 are pending approval. Additional FTEs are projected for 05-06. Increased budgeted faculty FTEs to support increased enrollment. Recruit adjunct (part-time) faculty. Increase in work load credits for permanent faculty (additional work load credits are reimbursed). Currently exploring partnership models with selected agencies. I would also like to highlight the need for colleges/schools of nursing to provide support to junior faculty to complete their doctoral preparation (i.e. Tuition support, course load reductions). Academic administration must be informed about the need to address the market for nursing faculty - the demand and competition.

BS-5:

Would not be able to offer theory concurrent with clinical if waiver was not available in last 12 months. Recommend Education Policy 02-02 be revised to permit the appointment of an RN with a BS and a masters in health education to teach didactic.

BS-6:

Salaries must be competitive with practice.

BS-7:

Increasing the faculty to student ratio in the skills lab and clinical would not have been sufficient to meet the need unless the waiver was available. The number of faculty retirements will continue to increase. Need to have experienced faculty mentor new faculty means work load redesign is imperative.

BS-8:

We are anticipating needing to hire 8 FT and 60+ more PT faculty. Use alumni and MSN students for recruitment. Will use the following to address faculty vacancies in the next 12 months: joint appointments; increased hourly salary; offer more competitive benefit package; faculty work load redesign; add evening and weekend classes and clinicals; and apply for appointment of MSN students. We have been blessed thus far but are concerned about next year with 100% increase in pre-licensure students.

BS-9:

Recommend BRN Education Policy be revised to permit doctoral prepared faculty without MSN to teach if they have a certificate as a midwife.

BS-10:

Provide limited reimbursement for in-Boston clinical only parking expenses. FTE based on 12 credits.

BS-11:

Salary range is competitive. \$51,539 FT visiting lecturer. Send position descriptions to regional Ph.D. programs to recruit faculty. Exploring joint appointments with affiliating clinical agencies. Our greatest need is for Ph.D. level faculty, particularly to support MS program and also as a recruitment for our tenure line positions. Need increased access and financial support for Ph.D. development to grow pool.

BS-13:

Very little turnover. Faculty who do not make tenure a factor contributing to pending faculty vacancies. State contract limits ability to increase faculty salaries, benefits, and work load. Currently no vacancies but would be concerned about increased admissions. Difficulty with part-time faculty because we compete with hospitals for pay. Faculty applicants want to make equivalent salary if they are going to give up a day of work. Hampered by state contract. Board waiver policy was wonderful.